

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213502603

1.) CORPORATION NAME:

ING Insurance Services, Inc.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1282401**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE ORANGE WAY

CITY/ST/ZIP: WINDSOR, CT 06095-4774

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANIEL DIFIORE		
TITLE:	PRESIDENT		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095-4774		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID KELSEY		
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MEGAN HUDDLESTON		
TITLE:	SECRETARY		
ADDRESS:	ONE ORANGE WAY		
CITY/ST/ZIP/CO:	WINDSOR, CT 06095		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN M VEGA		
TITLE:	ASST SECRETARY		
ADDRESS:	20 WASHINGTON AVENUE SOUTH		
CITY/ST/ZIP/CO:	MINNEAPOLIS, MN 55401		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Tina Nelson		
TITLE:	ASST SECRETARY		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Melissa ODonnell		
TITLE:	ASST SECRETARY		
ADDRESS:	20 Washington Avenue South		
CITY/ST/ZIP/CO:	Minneapolis, MN 55401		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jennifer Ogren ASST SECRETARY 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Randall K. Price ASST SECRETARY 20 Washington Avenue South Minneapolis, MN 55401	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Karl S. Lindberg SVP 909 Locust Street Des Moines, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Boyd Combs SVP, CTO 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barry Eidex Tax Officer 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Elmy Tax Officer 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Terry Owens Tax Officer 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Jackowitz VICE PRESIDENT 22 Century Hill Drive Suite 101 Latham, NY 12110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Felix Silverio VICE PRESIDENT One Orange Way Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Spencer T. Shell VICE PRESIDENT 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Spencer T. Shell ASST TREASURER 5780 Powers Ferry Road NW Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: David S. Pendergrass TITLE: VICE PRESIDENT ADDRESS: 5780 Powers Ferry Road NW CITY/ST/ZIP/CO: Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: David S. Pendergrass TITLE: TREASURER ADDRESS: 5780 Powers Ferry Road NW CITY/ST/ZIP/CO: Atlanta, GA 30327	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Tina Nelson	Tina Nelson, ASST SECRETARY	1/18/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.